

frequently utilized in European community pharmacies, including blood glucose measurements, lipid testing, and SARS-CoV-2 tests, in contrast to tests for strep throat, C-reactive protein, and respiratory syncytial virus. One of the most important roles identified was increased access to healthcare and the convenience that pharmacies provide. However, certain limitations exist regarding the legal and regulatory requirements affecting pharmacists' scope of practice concerning POC testing. For example, in Bulgaria, pharmacists are not permitted by law to provide POC testing services, unlike in other countries such as the UK, France, and Romania.

Conclusion: This study demonstrated that it is possible to provide a community pharmacy-based screening service through POC testing and to encourage pharmacists to take an active role in patient care. Consequently, by reducing the number of laboratory visits, other healthcare providers, such as general practitioners, will be able to allocate more time to different aspects of their responsibilities.

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Usability and test-retest reliability of the medication discrepancy taxonomy (MedTax)

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Background: The medication reconciliation process is intended to minimize the occurrence of medication discrepancies and mitigate their risk at transitions of care. The medication discrepancy taxonomy (MedTax) was developed to assist healthcare professionals in classifying medication discrepancies identified through medication reconciliation.

Objective: to assess the usability and test-retest reliability of the medication discrepancy taxonomy (MedTax).

Method: 20 healthcare professionals (10 nurses and 10 pharmacists) participated in this study. The participants were asked to use the new taxonomy for classifying 38 different medication discrepancies derived from fictitious cases. The pharmacists required to apply the taxonomy to cases at two times, 7 to 10 days apart. The Fisher's exact test was used to compare the agreement between the nurse and pharmacist groups, Kappa coefficient was used to determine the inter-rater reliability, and McNemar's test was used to evaluate the test-retest reliability.

Results: there was no significant difference between the healthcare professionals and the accuracy of classifying the medication discrepancies using the (MedTax). The percentage of overall agreement among nurses and pharmacists was comparable (0.81 and 0.86 respectively). The test-retest reliability of the taxonomy was high (p values > 0.05, McNemar's test).

Conclusion: The medication discrepancy taxonomy (MedTax) provides a content valid and reliable approach for various healthcare professionals to be used in different care settings to classify medication discrepancies at transitions of care. The medication discrepancy taxonomy (MedTax) was designed to improve the medication reconciliation process and to enhance the consistency in measuring the outcomes and improve medication safety at transitions of care.

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Pharmaceutical literacy in Spain and association with health-related quality of life: CROSS-SECTIONAL STUDY PROTOCOL

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Background: According to the WHO, unsafe medication practices and medication errors are a leading cause of injury and avoidable harm in health care systems across the world. One of the domains that define this risk is the patient and public awareness and medication literacy.

Some population-based studies have been carried out in Spain related to health literacy, however, we have no evidence regarding medication literacy or its relationship with patients' health related quality of life.

Purpose: This communication outlines a study protocol, which aims to determine the medication literacy level of the Spanish population and relationship between medication relationship with health-related quality of life.

Method/study design: Cross-sectional study conducting interviews between patients and community pharmacists through Spain. The study protocol has been approved by the Bioethical Commission of the University of Barcelona (CBUB) and it follows the SPIRIT 2013 guidelines.

Findings: The study population includes adults that take at least one prescription medication. The estimated representative sample size is 1,246 patients. A convenience sampling technique is used with the collaboration of the Spanish Society of Clinical, Family and Community Pharmacy (SEFAC) to achieve the needed sample in every region. During the interviews, patients' sociodemographic and clinical data will be collected. To assess patients' knowledge and abilities regarding their medication, the interview guide "RALPH-castellano" will be used. This guide consists of 10 questions distributed in the literacy domains (functional, communicative and critical). Subsequently, the self-administered survey "EQ-5D-5L" will be made available to determine the patients' health related quality of life. This survey includes the dimensions of mobility, self-care, usual activities, pain/discomfort and anxiety/depression. The statistical analysis of the results will be performed to correlate the medication literacy to the health-related quality of life.

Conclusion: The current population-based study protocol aims to bring research closer to patients and community pharmacists in a real-world setting, enhancing the value of medication literacy, as a fundamental element for the patients' empowerment on their own health and autonomy.

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Optimizing quality-of-care in older people to prevent iatrogenesis and promote a healthy aging –Portuguese survey results.

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Background: In Portugal, the aging population is a dominant demographic trend, owing to declining birth rates and increased life expectancy. In older patients, medical interventions and high medicine usage may be associated with iatrogenesis and/or increased iatrogenic dependence. Therefore, it is important to develop strategies to minimize iatrogenesis associated with healthcare and medication to ensure that seniors retain a healthy life and autonomy.

Purpose: This work aimed to evaluate the knowledge of healthcare professionals on iatrogenesis and its prevention. This will allow the development of collective